

Jan. 14. 2016 12:33PM CEGAUSKE



Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-3714  
Phone: (775) 884-5705  
Fax: (775) 684-5718  
Website: www.nvsos.gov

Office of the  
Secretary of State

Barbara Cegavske  
Elections Division

State of Nevada  
**Committee for Political Action  
(PAC)**

**Registration Form**

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JStokes

1/14/2016

#1330

ABOVE SPACE IS FOR OFFICE USE ONLY

<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input checked="" type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year; NRS 294A.230(4)(b))	
<input type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers <input type="checkbox"/> Change Registered Agent <input type="checkbox"/> Change Address
<input type="checkbox"/> Change Name	<input type="checkbox"/> Change Address
<input type="checkbox"/> Other: _____	

Name of Committee:

Searchlight Leadership Fund

Telephone:

2026541740

Mailing Address:

700 13th Street NW, Suite 600

Washington

DC 20005

Street Name, Number

City

State Zip Code

PAC Active Email Address: PLGroup@perkinscoie.com

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

To provide support for Democratic Candidates.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

Chris Anderson

Telephone:

2025445632

Physical Address:

5223 Caspian Springs Drive, Unit 2014

Las Vegas

NV 89120

Street Name, Number

City

State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X

Signature of Registered Agent

Date:

1/14/2015

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Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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No. 0639 P. 4  
**State of Nevada**  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
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**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Chris Anderson, Treasurer \_\_\_\_\_ 2025445632

Mailing Address: \_\_\_\_\_  
700 13th Street, NW Suite 600 \_\_\_\_\_ Washington \_\_\_\_\_ DC 20005  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**SUBMITTED BY:**

**X** \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Chris Anderson \_\_\_\_\_ 1/15/2016 \_\_\_\_\_ 2025445632

Signature of Representative of Group